



PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

☐ Fire & Police System ☐ Employee System

Employee Name

SSN

Address

Date of Birth

City

State

Zip

Daytime Phone Number

Title of Position

Department/Division

CHANGE OF BENEFICIARY

I am hereby requesting that my beneficiary be changed because of:

☐ **DIVORCE**

Attach a copy of final divorce papers that is signed by the judge which either outlines the split of retirement benefits or states that the benefits are awarded to me as a separate property.

☐ **MARRIAGE**

Attach a copy of marriage certificate.

☐ **UNMARRIED MEMBER**

Current beneficiary is not spouse. I am changing to someone other than a spouse.

☐ **DEATH OF SPOUSE**

Attach a copy of death certificate.

☐ **OTHER** _____

ALL BACKUP INFORMATION MUST BE ON FILE IN THE RETIREMENT OFFICE BEFORE CHANGE IS APPROVED
PRIMARY BENEFICIARY:

NAME

RELATIONSHIP

ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SECONDARY BENEFICIARY (additional beneficiaries can be written on the back of this form):

NAME

RELATIONSHIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME

RELATIONSHIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

This beneficiary election will continue to be effective unless I submit (and the Retirement Office receives) a new form.

SIGNATURE

DATE

FOR RETIREMENT OFFICE USE ONLY

RECEIVED By: _____ APPROVED at Board meeting held on: _____ SIGNATURE of Board Secretary: _____
Date entered into PENSIONGOLD: _____ INITIALS: _____